



Form 1

Antemortem Anatomical Gift by Donor

Being of the age of eighteen or older and of sound mind, I hereby offer my:

- ___ brain
- ___ [PI to list other body specimens]

(referenced hereafter as “brain and other body specimens”) after my death as an unrestricted gift for purposes of research, education, and the advancement of science or therapy to Boston University, [PI Contact Information for lab/research center].

INTENT AND AUTHORIZATION

By signing this document, I intend the Boston University [name of research center/lab] to have the exclusive right to control the use and disposition of my [brain and other body specimens] after my death for research, education, or the advancement of science or therapy. I authorize the postmortem removal, examination, retention, use, and distribution of my [brain and other body specimens] for these purposes.

I authorize and request the person making the final arrangements for my body to call the Boston University [insert PI lab/research center name] immediately upon my death to determine if a donation will be accepted and, if accepted, to make arrangements for the removal/collection of my [brain and other body specimens] and for their delivery to the Boston University [PI lab/research center], at Boston University’s expense. **I understand that my [brain and other body specimens] must be removed and sent to Boston University [within 24 hours of the time of death], except in unusual circumstances where an exception can be made by the University.**

My next-of-kin or executor will be responsible for any other fees and costs incurred in connection with my death.

I understand that:

- My [brain and other body specimens] may be held in a biorepository (“biobank” or “brain bank”).
- Upon my death, my decision to donate my [brain and body specimens] to Boston University for such purposes will become irrevocable. However, I may revoke my offer



to donate at any time before my death by notifying the Boston University [lab/research center] in writing at the address above, or as otherwise as permitted by applicable law.

- The approval of my next-of-kin is not necessary to make this gift legally effective and enforceable. However, I direct my next-of-kin and any other person legally responsible for my remains to cooperate with Boston University to carry out my wishes as set forth in this document. They may also wish to and are authorized to expand the selection of body parts for donation.
- The Boston University [PI lab/research center] reserves the right at any time to decline this anatomical gift as it may deem appropriate in light of the intended purposes. The acceptance of my donation is contingent upon the decision of the Boston University [PI lab/research center] at the time of death.

SHARING WITH OTHERS; PUBLICATIONS AND PRESENTATIONS

I authorize Boston University to share all or parts of my donated brain and body specimens and information relating to me with others for the advancement of research, education, science or therapy, for activities that are related or unrelated to the activities of the Boston University [lab/research center]. The recipients may include other academic, non-profit, for-profit, and governmental entities, including but not limited to hospitals, universities, other research institutions, cell/tissue storage banks, other data and biospecimen repositories, and commercial businesses engaged in research and development activities.

I understand that the analyses, examinations, findings, opinions, and other results of the research, education, and other activities may be disclosed, published, and presented. No personally identifiable information will be used or disclosed except as authorized or otherwise permitted in accordance with all applicable laws.

RELEASE

To the maximum extent permitted by law, I hereby release and hold harmless the Trustees of Boston University and its current, former, and future officers, trustees, employees, students, agents, and representatives from any liability whatsoever arising from or related to the donation, use, and disposition of my brain and body specimens and information relating to me. The foregoing shall be binding on my estate and all my heirs and others who may claim under or through me or my estate.

DECLARATION

Boston University shall have the power and authority to sign, seal, execute, acknowledge and deliver any and all documents or instruments of any kind, nature, or description as it deems



WITNESS ATTESTATION

Witness 1: must a disinterested person.

Witness 2: If the Donor has other next-of-kin or legally authorized individuals at the time this instrument is signed and they are available, such individuals should serve as Witness 2. If possible, please have this instrument witnessed by the Donor's two highest priority next-of-kin. The order of next-of-kin priority is: (1) current spouse; (2) an adult son or daughter; (3) either parent; (4) an adult brother or sister; (5) an adult grandchild; (6) a grandparent. Otherwise, any disinterested person may serve as Witness 2.

We hereby sign our names as witnesses:

Signature of Witness

Signature of Witness

Name of Witness

Name of Witness

Home Address

Home Address

City/Town State Zip Code

City/Town State Zip Code

(_____) _____
Telephone Number

(_____) _____
Telephone Number

Relationship to Donor

Relationship to Donor



ACCEPTANCE

On behalf of the Boston University [PI lab/research center], I accept the foregoing gift.

Date

Signature

Title